

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1500 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter D. Buchholz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 708 E. Balto St.

Cause of Death, { First (Primary), Second (Immediate), } Infection
Inflammation of Brain

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, July 20th 1887.

{ Undertaker, A. Rohde. } J. W. C. Cuddy, M. D.
Medical Attendant.

{ Place of Business, 730. Penna. ave. Address, 506 N. Carrollton Av. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Office of Registrar of Vital Statistics. Ward 16
The Physician who attended any person in a last illness, is to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#1501 CERTIFICATE OF DEATH. B

Date of Death, July 17/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank W. Samuel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 14 19 Church St.

Place of Death, {Give Street and Number.} Chalera Infirmary

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lindenpark Cem

Date of Burial, July 19th 1887

{ Undertaker, Julius Kogler Medical Attendant, No A Blake M.D.

{ Place of Business, Sharp Bros Address, 6020 Paerady

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

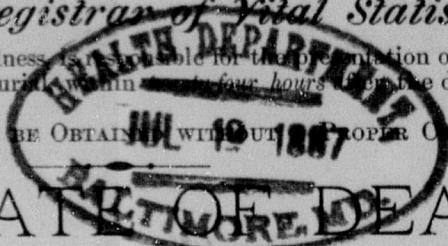
[OVER.]

Health Department, City of Baltimore.

Permit No. 1502 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Chatain Gulany

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 37 Years, 7 Months, 7 Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ☒

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 702 W. Townsend

Cause of Death, { First (Primary), Second (Immediate), } cerebral congestion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 19th 1887

Undertaker, Stewart Meyer Medical Attendant, R. B. Browne M. D.

Place of Business, 215 Vt. Ave. Address, 1218 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

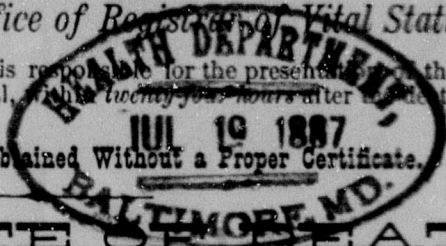
Board of Health, City of Baltimore,

Permit No. A 1503

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, July 18 1887

Full Name of Deceased, *Charles Schaub*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*
Cross out the word not required in this line.

Age, *one* Years, *one* Months, *5* Days

Color, *white*

Married, Single, Widow or Widower, *Single*
Cross out the word not required in this line.

Occupation, *✓*

Birthplace, *Balto City*
(State or Country and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *13 weeks*

Place of Death, *N Wolf St 824*
(Give street and number.)

Cause of Death, *Diphtheria*
First, (Primary.)
 Second, (Immediate.)

Duration of Last Sickness, *13 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Bohemian National*

Date of Burial, *July 19 1887*

Undertaker, *Frank Coach*

Place of Business, *827 N Durham St* Address,

W H Pugh M.D.
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1504 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A.D. Catell.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 73 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Lady

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland ✓

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, { Give Street and Number. } 1103 Harlem Ave

Cause of Death, { First (Primary), Chronic Diarrhoea
Second (Immediate), Old age }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, West River Md

Date of Burial, July 20th 1887

{ Undertaker, Stewart & Mawin } Thomas Opie M. D.

{ Place of Business, 215 & 217 Park Ave Address, 600 N. Howard St }
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

TRANS. 4770

Health Department, City of Baltimore.

Permit No. A 1505

Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Woodall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, 18 Months, 2 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, B alt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B alt.

Duration of Residence in the City of Baltimore, 13 alt.

Place of Death, { Give Street and Number. } N. W. cor Dolphin & Druid Hills

Cause of Death, { First (Primary), Second (Immediate), } Dysentery
Convulsion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, St Olmest Cemetery

Date of Burial, July 20th 1887

{ Undertaker, John S. Moscher J. W. Webster M. D. Medical Attendant.

{ Place of Business, 222 Camden St Address, 106 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1506 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, Mary Duff
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, White Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stone

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 34 years

Place of Death, 207 N. Mount St.
{ Give Street and Number. }

Cause of Death, Cholera Morbus
{ First (Primary), Second (Immediate), Prostration }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20th 1887

{ Undertaker, Geo B. Cook } L. V. Morris M. D.

{ Place of Business, 1003 N. Baltimore St. } Address, 1209 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1507 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Pearce

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 82 Years, 9 Months, ✓ Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give Street and Number. } 219 S Monmouth St

Cause of Death, { First (Primary), Second (Immediate), } Old age
Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Linden Park Cemetery

Date of Burial, July 20th 1887

{ Undertaker, Jos B Cook } James Bodley M. D.
Medical Attendant.

{ Place of Business, 1003 W Baltimore St } Address, 1701 Hollin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1508 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Alphonso Jameson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 12 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Omit

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1630 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } convulsion infantile

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem.

Date of Burial, July 19th 1884

{ Undertaker, J. B. Cook } John Jeff M. D. Medical Attendant.

{ Place of Business, 1003 E. Baltimore } Address, 701 N. Conner St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1509 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, ^{ Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Norton

Sex, Male ~~or Female~~, ^{ Cross out the word not required in this line. }

Age, 5 Years, 5 Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, ^{ Cross out the words not required in this line. }

Occupation, None

Birth Place, ^{ State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{ Give Street and Number. } 509 N. Gallis

Cause of Death, ^{ First (Primary), Second (Immediate), } Cholera Infantum
Cotif Convulsions

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Laud Time

Date of Burial, July 18th 1887

{ Undertaker, M. H. Dungee

{ Place of Business, 100 East St Address, E. H. Rutledge M. D.
per A. L. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]